

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of Ohio



ERIC POWELEIT
nka JAMIE POWELEIT

Plaintiff(s)

v.

LOUIS DEJOY, POSTMASTER GENERAL

Defendant(s)

Civil Action No. 1:22-cv-00194-DRC

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* LOUIS DEJOY, POSTMASTER GENERAL
c/o U.S. Attorney Kenneth L. Parker
303 Marconi Boulevard, Suite 200
Columbus, OH 43215

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

David N. Truman
Employment Law Partners, LLC
4700 Rockside Road, Suite 530
Independence, OH 44131

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 04/12/2022

Benjamin J. Codispoti

Signature of Clerk or Deputy Clerk



Civil Action No. 1:22-cv-00194-DRC

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Louis Dejoy, Postmaster General c/o U.S. Attorney
was received by me on *(date)* 4/12/22 . Kenneth L. Parker

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: I served the the U.S. Attorney for the Southern District of Ohio via certified mail,
return receipt requested, on April 12, 2022, directed to the Civil Process Clerk
at the U.S. Attorney's office. Delivery was made as of April 26, 2022.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: June 3, 2022

/s/David N. Truman

Server's signature

David N. Truman, attorney

Printed name and title


Employment Law Partners, LLC

4700 Rockside Road, Suite 530

Independence, OH 44131

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>MK</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Civil Process Clerk U.S. Attorney's Office 303 Marconi Blvd. Suite 200 Columbus, OH 43215		B. Received by (Printed Name) <i>CU19</i>	C. Date of Delivery <i>4-26-22</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from sender's label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7015 0640 0002 2617 2287		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	